

TRAILERS THIS FORM ONLY

MONTANA DEPARTMENT OF TRANSPORTATION
PO BOX 4639
HELENA, MT 59604-4639
TEL: (406) 444-2998 FAX: (406) 444-0800

PLEASE MARK THE ITEMS YOU ARE REQUESTING WITH THIS FORM
☐ Need Temporary
☐ New Trailer Fleet for Existing Account
MILEAGE for MT Required: _____
☐ Add Vehicle(s) ☐ Delete Vehicle(s)

Supplemental Application
SCHEDULE C-T

1	Account Number	Fleet Number	Supplemental Number	License Year	Name of Contact								
Name of Registrant (REQUIRED)				Telephone Number						Fax Number			
Doing Business As (if different than registrant name)													
2	TRAILERS LISTED ON THIS PAGE WILL BE QUALIFIED FOR OPERATION IN ALL JURISDICTIONS APPEARING ON YOUR POWER UNIT CAB CARD (REGISTRATION):											MT	QUAL
(KEY CODES) TYPE OF VEHICLE: ST = SEMI-TRAILER FT = FULL TRAILER													
3	1	2	3	4	5	6	7	8	9	10	11	12	13
	EQUIP. NO.	VEHICLE IDENTIFICATION NUMBER	YEAR	MAKE	VEH. TYPE See KEY CODE	AXLES	EMPTY WT.	GROSS WT.	FACTORY PRICE	PURCHASE PRICE	DATE OF PURCHASE	PREVIOUS REG.	TRANSFER OEN NUMBER
								28000					
	OWNER:					JURISDICTION TITLED IN AND TITLE NUMBER:							
								28000					
	OWNER:					JURSIDICTION TITLED IN AND TITLE NUMBER:							
								28000					
	OWNER:					JURSIDICTION TITLED IN AND TITLE NUMBER:							
								28000					
	OWNER:					JURSIDICTION TITLED IN AND TITLE NUMBER:							
								28000					
	OWNER:					JURSIDICTION TITLED IN AND TITLE NUMBER:							
								28000					
	OWNER:					JURSIDICTION TITLED IN AND TITLE NUMBER:							
4	DELETIONS												
1	2	3	4	5					6		7		
ORIGINAL SUP.	EQUIP. NUMBER OEN	YEAR	MAKE	VEHICLE IDENTIFICATION NUMBER					APPORTIONED PLATE NUMBER		UNIT NUMBER TRANSFERRED TO		
5	MONTANA OPERATORS – The undersigned, under oath, swears under penalty of perjury and penalty of law that this vehicle is insured as prescribed by 61-6-301 MCA, and declares to have knowledge of applicable State and Federal Motor Carrier Safety laws and that the information furnished in this application and the attached schedules are true and correct.												
AUTHORIZED SIGNATURE:				TITLE:				DATE:					